Revision: HCFA-AT-81-34 (BPP) 10-81

State North Carolina

Citation

4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

Supersedes

Approval Date $\frac{1/8/82}{}$ Effective Date $\frac{1/1/52}{}$